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|   |    |                          |                |
|---|----|--------------------------|----------------|
| <b>TRANSMITTAL FORM</b><br><br>(to be used for all correspondence after initial filing) |    | <b>Complete if Known</b> |                |
|   |    | Application Number       | 10/562,279     |
|   |    | Filing Date              | April 21, 2006 |
|   |    | First Named Inventor     | Koyama et al.  |
|   |    | Art Unit                 | 2832           |
| Examiner Name   |    | Kyung S. Lee             |                |
| Total Number of Pages in This Submission*   | 10 | Attorney Docket No.      | YH0026-US1     |

| ENCLOSURES (Check all that apply)   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input checked="" type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input checked="" type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/Incomplete Application<br><br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Return postcard, SB08a, SB08b and copies of cited art as indicated |
| Remarks: (*Duplicate copies of SB08a and SB08b, and copies of Return Postcard and Cited Art, if any, are not counted in total number of pages in this submission.)  |  |   |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |                              |          |        |
|--|------------------------------|----------|--------|
| Firm Name                                  | Tyco Electronics Corporation |          |        |
| Signature                                  |                              |          |        |
| Printed Name                               | Marguerite E. Gerstner       |          |        |
| Date                                       | September 19, 2008           | Reg. No. | 32,695 |

| CERTIFICATE OF TRANSMISSION/MAILING   |                        |      |                    |
|---|------------------------|------|--------------------|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: |                        |      |                    |
| Signature   |                        |      |                    |
| Typed or printed name   | Marguerite E. Gerstner | Date | September 19, 2008 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



|  |               |                          |                |
|--|---------------|--------------------------|----------------|
| <b>FEE TRANSMITTAL</b><br><b>For FY 2007</b>                                   |               | <b>Complete if Known</b> |                |
|  |               | Application Number       | 10/562,279     |
|  |               | Filing Date              | April 21, 2006 |
|  |               | First Named Inventor     | Koyama et al.  |
|  |               | Examiner Name            | Kyung S. Lee   |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 |               | Art Unit                 | 2832           |
| TOTAL AMOUNT OF PAYMENT  | (\$ ) 1230.00 | Attorney Docket No.      | YH0026-US1     |

**METHOD OF PAYMENT** (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account      Deposit Account Number: 18-0560      Deposit Account Name: Tyco Electronics Corporation

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below      ☐ Charge fee(s) indicated below, **except for the filing fee**

☒ Charge any additional fee(s) or underpayments of fee(s)      ☒ Credit any overpayments

under 37 CFR 1.16 and 1.17

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**FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES |                     | SEARCH FEES |                     | EXAMINATION FEES |                     | Fees Paid (\$) |
|------------------|-------------|---------------------|-------------|---------------------|------------------|---------------------|----------------|
|                  | Fee (\$)    | <u>Small Entity</u> | Fee (\$)    | <u>Small Entity</u> | Fee (\$)         | <u>Small Entity</u> |                |
| Utility          | 310         | 155                 | 510         | 255                 | 210              | 105                 | _____          |
| Design           | 210         | 105                 | 100         | 50                  | 130              | 65                  | _____          |
| Plant            | 210         | 105                 | 310         | 155                 | 160              | 80                  | _____          |
| Reissue          | 310         | 155                 | 510         | 255                 | 620              | 310                 | _____          |
| Provisional      | 210         | 105                 | 0           | 0                   | 0                | 0                   | _____          |

**2. EXCESS CLAIM FEES**

| Fee Description                                    | Fee (\$) | <u>Small Entity</u> |
|--|----------|---------------------|
| Each claim over 20 (including Reissues)            | 50       | 25                  |
| Each independent claim over 3 (including Reissues) | 210      | 105                 |
| Multiple dependent claims                          | 370      | 185                 |

**Total Claims**      **Extra Claims**      **Fee (\$)**      **Fee Paid (\$)**

\_\_\_\_\_ - 20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of total claims paid for, if greater than 20

**Indep. Claims**      **Extra Claims**      **Fee (\$)**      **Fee Paid (\$)**

\_\_\_\_\_ - 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets  | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|---|--------------|--|----------|---------------|
| _____ - 100 = _____ / 50 = _____ (round up to a whole number) |              | x _____ = _____                                  |          |               |

**4. Other Fee(s)**

|  | Fees Paid (\$) |
|--|----------------|
| Other (e.g., late filing surcharge): <u>3-Month Extension Fee for filing Reply</u> | <u>1050.00</u> |
| Other (e.g., late filing surcharge): <u>Information Disclosure Statement</u>       | <u>180.00</u>  |

|                     |                               |   |
|---------------------|-------------------------------|---|
| <b>SUBMITTED BY</b> |                               |   |
| Signature           | <u>Marguerite E. Gerstner</u> | Registration No. (Attorney/Agent)<br>32,695 |
| Name (Print/Type)   | Marguerite E. Gerstner        | Telephone<br>650-361-2483                   |
|                     |                               | Date September 19, 2008                     |

**Certificate of Mailing (37 CFR 1.8)**

I hereby certify that this paper or fee is being deposited with the United States Postal Service as first class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date indicated below:

Date of deposit: September 19, 2008      Name (printed): Marguerite E. Gerstner

Signature: Marguerite E. Gerstner